

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1	1				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	1				
15					
16					
17					
18					
19					
20					
21					
22	1				
23					
24	1				
25					
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42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	4				
TOTAL DEP.	23				
TOTAL CLAIMS	27				

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					